

# REMOVAL SITE INITIALIZATION

## SITE SUMMARY, DISCOVERY, and ASSESSMENT

EPA ID #: MD0000208181

Site Name: JOSEPH SMITH & SONS - SITE

Ref. #  
(WasteLAN ID #): 0305365

Street Address: 2001 KENILWORTH AVENUE

Date Submitted  
for EPA ID #: 1/1

City: BEAVER HEIGHTS State: MD  
Zip Code: \_\_\_\_\_ County: PRINCE GEORGES

### Site: SITE SUMMARY

Add Site: ☒

Edit Site: ☐

Federal Facility  
Indicator:

- ☐ (Y) Federal Facility  
☒ (N) Not a Federal Facility  
☐ (D) Status  
Undetermined

Owner Indicator:

- ☐ (ST) State Owned  
☐ (FF) Federal Owned  
☒ (CO) County Owned  
☐ (PR) Privately Owned  
☐ (MN) Municipality  
☐ (OH) Other  
☐ (UN) Unknown

Incident Type:

- ☒ Blank  
☐ (O) Oil Spill  
☐ (N) Non-Oil Spill

NPL Status

Indicator:

- ☒ (N) Not on NPL  
☐ (F) Currently on  
Final NPL

Cost Recovery  
Indicator:

E

Category :

- ☐ (A) Abandoned  
☐ (B) Chemical Plant  
☐ (G) Groundwater  
☐ (H) Housing Area  
☐ (T) Mines/Tailings  
☐ (N) Military Related

- ☐ (I) Industrial Waste Treatment  
☐ (L) Landfill  
☐ (M) Manufacturing Plant  
☐ (O) Other (Specify: \_\_\_\_\_)  
☐ (V) Waterways/Creeks/Rivers  
☐ (W) Wells

Site Classification:

- ☒ (F) Fund Lead  
☐ (FE) Federal Enforcement

- ☐ (ND) No Determination  
☐ (SE) State Enforcement  
☐ (NG) Fund Lead Negotiation

RPM/OSC Name: ROBERT KELLY

Phone: (215) 566-3268

Other Regional Contact: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Dump Site No. (C0498)

MD-485

Site Description

Enter: \_\_\_\_\_

## Event: DISCOVERY

Add Discovery: ☒

Edit Discovery: ☐

Operable Unit: 00 Event: DS

Lead: ☒ (F) Fund Financed  
☐ (S) State Financed

Actual Complete Date: 3/14/98

SCAP Note: \_\_\_\_\_

First Complete Indicator: A

Contact Name: ROBERT KELLY

Contact No: (215) 566-3268

## Event: ASSESSMENT

Add Assessment: ☒

Edit Assessment: ☐

Operable Unit: 00 Event: ☒ (YA 1) Region Specific Removal Assessment - Non NPL  
☐ (RS    ) Removal Investigations - NPL

Lead: F

Planning Status: P

SCAP Note: \_\_\_\_\_

Actual Start Date: 3/14/98

Actual Complete Date: 3/14/98

First Start Indicator: \_\_\_\_\_

First Complete Indicator: \_\_\_\_\_

Contact Name: ROBERT KELLY

Contact No. (215) 566-3268

## Menu Options: COMMENTS

Add Comments: ☐

Edit Comments: ☐

Categorize event comments by the following subject areas:

AT = Actions Taken  
DQ = AUDT-26  
ID = Site/Incident Description  
MA = Materials  
TH = Threats

Prepared By: QTA

Entered By: \_\_\_\_\_

QA'd By: \_\_\_\_\_

Date: 5/27/98

Date: \_\_\_\_\_

Date: \_\_\_\_\_



POLREP #2 RESTART  
JOSEPH SMITH & SONS SITE  
2001 KENILWORTH AVENUE  
BEAVER HEIGHTS, PRINCE GEORGES COUNTY, MARYLAND  
ATTN: RRC AND CHARLIE KLEEMAN

EVENT: EMERGENCY RESPONSE

- I. SITUATION: (THURSDAY, 14 MAY 1998, 2300 HOURS)
- A. ON 14 MAY 1998 AT 1330 HOURS, DUTY OFFICER NOTIFIED  
✓ SATA OF A SUSPECTED OIL RELEASE AT THE JOSEPH SMITH & SONS SALVAGE YARD IN BEAVER HEIGHTS, MARYLAND. AMTRAK REPORTED WATER WAS FLOWING ACROSS THE SITE, PICKING UP OIL, AND FLOWING OVER AMTRAK RAIL LINES AND DISCHARGING ✓  
✓ INTO THE BEAVERDAM CREEK.
  - B. WEATHER: SUNNY, TEMPERATURES IN THE MID 70s.
  - C. PERSONNEL ON-SCENE: EPA-1, SATA-2.
- II. ACTIONS TAKEN:
- A. OSC AND SATA ARRIVED AT THE SITE AT 1730 HOURS. SITE EMPLOYEE RODNEY WOTRING GAVE PERMISSION FOR SITE ACCESS. OWNER PAUL SMITH ARRIVED ONSITE AT 1830 HOURS, AND INFORMED OSC THAT A SEWER OVERFLOW WAS RESPONSIBLE ✓  
✓ FOR THE STANDING WATER AROUND THE AMTRAK LINES. SATA COLLECTED LIQUID FROM A SUSPECTED AREA TO SEE IF A LAYER WOULD FORM, TEST WAS NEGATIVE. SATA WIPED SEVERAL AREAS WITH A PIECE OF SORBENT PAD AND OBSERVED NO SHEEN.
  - B. OSC, SATA, AND OWNER WALKED APPROXIMATELY ONE-HALF MILES OF RAIL LINE, NORTH OF THE SITE, AND INSPECTED STANDING WATER. ALL INDICATIONS WERE THAT THE WATER WAS CONTAMINATED WITH SEWAGE.
  - C. OSC, SATA, AND OWNER WALKED THROUGH THE SALVAGE YARD, AND INSPECTED THE CREEK TO THE SOUTH OF THE SALVAGE YARD. NO EVIDENCE OF ANY OIL IN THE CREEK WAS FOUND.
  - D. OSC AND SATA OFFSITE AT 2000 HOURS.
- III. FUTURE ACTIONS:
- A. OSC TO COORDINATE WITH AMTRAK REPRESENTATIVE.
  - B. NO FURTHER ACTION IS ANTICIPATED BY EPA AT THIS TIME.

ROBERT KELLY, OSC  
US EPA, REGION III  
PHILADELPHIA, PA





## ERNS INCIDENT NOTIFICATION REPORT

Regional Case Number:

MD980183

Reported (mm/dd/yy): 5/14/98	Time (hh/mm): 1200	Multiple Report: <input type="checkbox"/>	Regional Time (hh/mm):
Recorded By: Stentz		Multiple Regional Case Number:	
Through NRC: <input type="checkbox"/>	NRC Case Number:	SSI Report: <input type="checkbox"/>	CR Number:

A. REPORTER	Confidentiality Requested: <input type="checkbox"/>	Reported By: Ralph Pearson
*Privacy Act	Organization Name: AMTRAK	cell 443 250-2619 / (202) 906-3350
Organization: (check one)	<input type="checkbox"/> Discharger <input type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Federal <input type="checkbox"/> Unknown	

*Address:	*Phone: (410) 291-4213 ext. office		
City:	County:	State: MD	Zip:

B. Discharger	Same As A. <input type="checkbox"/>	Organization: (check one)	<input type="checkbox"/> Private Co. <input type="checkbox"/> Public <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Unknown
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Discharger Name: Washington Suburban Simulation Commission	Phone: ( )	ext.
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Contact Name: + Joe Smith Site	2nd Phone: ( )	ext.
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Address:	Facility ID Number:
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City:	County: Washington	State:	Zip:
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C. Incident	Same As A. <input type="checkbox"/>	Street or Approx. Location: Suburban Simulation Commission
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Location	Same As B. <input type="checkbox"/>	Mile Post 130.9 / RT 50 behind Joe Smith Site
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City: Chevy Chase	County: Prince Georges Co	State: MD	Zip:	Milepost:
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Date	Discovery Date (mm/dd/yy): Aug 5/14	Spill Date (mm/dd/yy):	Spill Time (hh/mm): 1130
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Material	Material Type: (check one)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Haz Sub <input checked="" type="checkbox"/> Other
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Material Name	CHRIS	CAS No.	UN DOT No.	Quantity	Units (Circle One)	Quant. In Water
1. -- Sewage from WSSC					lb bbl drn unk gal ton oth	
2. -- Joe Smith oil		oil			lb bbl drn unk gal ton oth	
3.					lb bbl drn unk gal ton oth	

F. Source	Source of Spill: (Check Any)	<input type="checkbox"/> Highway <input type="checkbox"/> Railway <input type="checkbox"/> Pipeline <input type="checkbox"/> UST <input type="checkbox"/> Fixed Facility <input type="checkbox"/> Other	<input type="checkbox"/> Air Transport <input type="checkbox"/> Vessel <input type="checkbox"/> Offshore <input type="checkbox"/> AST <input type="checkbox"/> Unknown
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Vehicle ID or Carrier No.:	Number of Tanks:	Tank Capacity:	Tank Units: (circle one)	lb bbl drn unk gal ton oth
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Source Description:
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G. Medium	Medium Affected: (Check Any)	<input type="checkbox"/> None <input checked="" type="checkbox"/> Land <input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Other RR	<input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Within Facility <input type="checkbox"/> Unknown
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Highway Affected: Beaver Dam Creek
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H. Cause	Reported Cause: (Check Any)	<input type="checkbox"/> Transportation Accident <input type="checkbox"/> Operational Error <input type="checkbox"/> Dumping <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Equipment Failure <input type="checkbox"/> Natural Phenomenon <input checked="" type="checkbox"/> Unknown
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Cause Description: Overflow from Sewage Treatment Plant + Joe Smith
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I. Damage	No. of Injuries: <input checked="" type="checkbox"/> None	No. of Deaths: <input checked="" type="checkbox"/> None	Property Damage > \$50,000: <input type="checkbox"/>
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J. Actions	Evacuation: <input type="checkbox"/>	Response Actions Taken: None
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K. Notified	Caller Has Notified: (Check Any)	<input type="checkbox"/> State/Local <input type="checkbox"/> Discharger <input type="checkbox"/> USCG <input type="checkbox"/> Other <input type="checkbox"/> Unknown
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L. Comments	Comments: ongoing for several years
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M. Response	Response Comments:
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And	
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Evaluation	
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Agency Name: (Check One)	<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown
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Agency Name: (Check One)	<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown
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Agency Name: (Check One)	<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Discharger <input type="checkbox"/> Federal <input type="checkbox"/> EPA <input type="checkbox"/> Other <input type="checkbox"/> Unknown
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## Regional Case Number:

Form Version TAT 98